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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Plasse, III Maurice John

## 1. Office, Agency, or Court

Agency Name

Amador County Board of Supervisors

Division, Board, Department, District, if applicable

District 1

Your Position

Supervisor

► If filing for multiple positions, list below or on an attachment.

Agency: See Attachment

Position: \_\_\_\_\_

## 2. Jurisdiction of Office (Check at least one box)

☐ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☒ Multi-County *See attached.*☐ County of \_\_\_\_\_☐ City of \_\_\_\_\_☐ Other \_\_\_\_\_

## 3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

## 4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6☐ Schedule A-1 - Investments - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☒ Schedule A-2 - Investments - schedule attached☒ Schedule D - Income - Gifts - schedule attached☒ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is  
 I certify under penalty of perjury under the laws of the State of California that

Date Signed 1-25-12  
(month, day, year)

Signature

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____
---------------------------------------------------------------------------------

<b>1. BUSINESS ENTITY OR TRUST</b>	
J&J Goldsmiths, Inc.	
Name	
P.O. Box 261, Jackson, CA 95642	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</b> Jewelry Sales/Repairs	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11    ____/____/11 ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation Other _____	
YOUR BUSINESS POSITION <u>President</u>	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b>

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11    ____/____/11 ACQUIRED    DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

<b>1. BUSINESS ENTITY OR TRUST</b>	
Name	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
<b>GENERAL DESCRIPTION OF BUSINESS ACTIVITY</b>	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11    ____/____/11 ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other	
YOUR BUSINESS POSITION	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b>

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> REAL PROPERTY	
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	
Description of Business Activity or City or Other Precise Location of Real Property	
FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/11    ____/____/11 ACQUIRED    DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership <input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: \_\_\_\_\_

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____
---------------------------------------------------------------------------------

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
7535 French Bar Road

CITY  
Jackson

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/11      \_\_\_\_\_/\_\_\_\_\_/11  
☐ \$10,001 - \$100,000      ACQUIRED      DISPOSED  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

NATURE OF INTEREST

☒ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining      ☐ \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\_\_\_\_\_

\_\_\_\_\_

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  
24 Del Vista

CITY  
Sutter Creek

FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/11      \_\_\_\_\_/\_\_\_\_\_/11  
☒ \$10,001 - \$100,000      ACQUIRED      DISPOSED  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

NATURE OF INTEREST

☒ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining      ☐ \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499      ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

\_\_\_\_\_

\_\_\_\_\_

\* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_%      ☐ None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_%      ☐ None      \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

Comments: \_\_\_\_\_

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Law Office of Jeffrey D. Seaton

ADDRESS (Business Address Acceptable)

435 Court Street, Jackson, CA 95642

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Law Office

YOUR BUSINESS POSITION

Secretary (Wife)

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☒ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_%      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address  
City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

► NAME OF SOURCE

Martin & Mary Ryan Estate

ADDRESS (Business Address Acceptable)

Pitt Street, Jackson CA 95642

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 04 / 11</u>	\$ <u>250.00</u>	<u>Damaged Wood Tool</u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE

David Butow

ADDRESS (Business Address Acceptable)

Court Street, Jackson CA 95642

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 14 / 11</u>	\$ <u>75.00</u>	<u>Used 14' Ranch Gate</u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>
<u>  /  /  </u>	\$ <u>          </u>	<u>                  </u>

Comments: \_\_\_\_\_

**JOHN PLASSE**

**ADDITIONAL BOARDS AND COMMISSIONS FOR 2011**

**AMADOR COUNTY TRANSPORTATION COMMISSION**

**AMADOR COUNTY RECREATION AGENCY**

**AMADOR TUOLUMNE COMMUNITY ACTION AGENCY (A-TCAA)**

**CENTRAL SIERRA PLANNING COUNCIL/CENTRAL SIERRA ECONOMIC DEVELOPMENT DISTRICT**

**EMERGENCY MEDICAL CARE COMMITTEE (EMCC) AND MOUNTAIN VALLEY EMERGENCY MEDICAL SERVICES AGENCY (EMSA)**

**LOCAL COMMUNITY BENEFIT COMMITTEE**

**\*COUNTIES/JURISDICTIONS COVERED BY THE ABOVE COMMITTEES OR COMMISSIONS ARE:**

**AMADOR, TUOLUMNE, ALPINE, CALAVERAS, STANISLAUS AND MARIPOSA**